



REGIONAL DISTRICT OF NANAIMO

6300 Hammond Bay Rd. Tel: 250-390-4111
Nanaimo, B.C V9T 6N2 Toll Free in BC 1-877-607-4111
Fax: 250-390-6572

CHANGE/TERMINATION FORM FOR PRE-AUTHORIZED BANK WITHDRAWAL FOR UTILITY USER FEE ACCOUNT PAYMENTS

Please print

| | | | |
|--|----------------|-------------------------|-----------------|
| Service Location Address | | | |
| Last Name | First Name | Customer Account Number | |
| Mailing Address if different from Service Address: | | | |
| City | Province/State | Postal Code/ZIP | Daytime Tel No. |
| ENTER YOUR NEW INFORMATION IN THE SECTION BELOW | | | |
| Street Address of Banking Institution | | | |
| City | Province | Postal Code | |
| Bank Account Number | | | |
| Institution No. | Transit No. | Account Number | |

CHANGES TO BANKING INFORMATION CAN ONLY BE MADE UNDER THE SIGNATURE OF ORIGINAL APPLICANT

Please attach a voided cheque if making changes to your banking information.

I hereby request that the following changes be made to my account information:

Change my pre-authorized payment information as shown above:

I agree that the original pre-authorized debit (PAD) agreement signed by me will remain in full force and effect after the above noted changes have been made.

Date: _____ Signature: _____

OR

Terminate pre-authorized withdrawal for account payment effective _____.

Date: _____ Signature: _____

Please mail this form to the address noted above OR email to FINANCE@RDN.BC.CA